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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. <b>NONY 3.0-010</b>     |   |
|   | First Inventor <b>Jean-Christophe Simon</b> |   |
|   | Title                                       | <b>INTERFERENCE PIGMENT AND COMPOSITIONS INCLUDING SAME</b> |
|   | Express Mail Label No. <b>EV342606179US</b> |   |

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| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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|   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages <b>23</b> ]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the invention<br>- Brief Summary of the invention<br>- Brief Description of the Drawings <i>(if filed)</i><br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ]<br>5. Oath or Declaration [Total Sheets <b>1</b> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i><br>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i><br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: |
|---|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

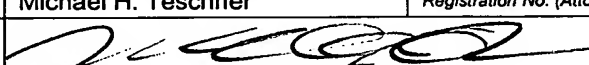
Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.


**19. CORRESPONDENCE ADDRESS**

☒ Customer Number: **000530** OR ☐ Correspondence address below

|         |           |          |  |
|---------|-----------|----------|--|
| Name    |           |          |  |
| Address |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

|                   |  |                                   |                           |
|-------------------|--|-----------------------------------|---------------------------|
| Name (Print/Type) | <b>Michael H. Teschner</b>   | Registration No. (Attorney/Agent) | <b>32,862</b>             |
| Signature         |  | Date                              | <b>September 17, 2003</b> |

22386 U.S. PTO  
10/664197  
09/17/03

| FEE TRANSMITTAL<br>for FY 2003  |          |   |          | Complete if Known  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
|---|----------|---|----------|--|-----------------------|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|------|-----|-------|-----|-------------------------------------|--------|------|--------|------|-----|---|---|-------|-----|--------------------|-----|---------------------------|--|------|-------|------|-------|--|--|--------------|------|-----------------|----------|--|----------|--------------|----------|------|--------|---|---|------------------------|-----|------|----|--|----|-----------------------------------|-----|------|-----|---|-----|---------------------------------------|-----|------|-----|--|----|--|-------|------|-----|---|---|--|-------|--------------|-----|--|--|------|-----|--------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|-------------------|--|------|--|--|--|--|--|
| <i>Effective 01/01/2003, Patent fees are subject to annual revision.</i>  |          |   |          | Application Number   | Not Yet Assigned      |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
|   |          |   |          | Filing Date  | Concurrently Herewith |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
|   |          |   |          | First Named Inventor   | Jean-Christophe Simon |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
|   |          |   |          | Examiner Name  | Not Yet Assigned      |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
|   |          |   |          | Art Unit   | N/A                   |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |          |   |          | Attorney Docket No.  | NONY 3.0-010          |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT   |          | (\$)  |          | 1,194.00   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |          |   |          | FEE CALCULATION (continued)  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">12-1095</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Lerner, David, Littenberg, Krumholz &amp; Mentlik, LLP</span><br>The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          |   |          | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="text-align: right;">*Reduced by Basic Filing Fee Paid</td> <td colspan="2" style="text-align: right;">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">0.00</td> <td colspan="2"></td> </tr> </tbody> </table> |                       | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051  | 65  | Surcharge - late filing fee or oath |        | 1052 | 50     | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |   | 1053  | 130 | 1053               | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804         | 920* | 1804            | 920*     | Requesting publication of SIR prior to Examiner action |          | 1805         | 1,840*   | 1805 | 1,840* | Requesting publication of SIR after Examiner action |   | 1251                   | 110 | 2251 | 55 | Extension for reply within first month |    | 1252                              | 410 | 2252 | 205 | Extension for reply within second month |     | 1253                                  | 930 | 2253 | 465 | Extension for reply within third month |    | 1254   | 1,450 | 2254 | 725 | Extension for reply within fourth month |   | 1255   | 1,970 | 2255         | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401   | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | SUBTOTAL (3) (\$) |  | 0.00 |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid              |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1051  | 130      | 2051  | 65       | Surcharge - late filing fee or oath  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1052  | 50       | 2052  | 25       | Surcharge - late provisional filing fee or cover sheet.  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1053  | 130      | 1053  | 130      | Non-English specification  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1812  | 2,520    | 1812  | 2,520    | For filing a request for <i>ex parte</i> reexamination   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1804  | 920*     | 1804  | 920*     | Requesting publication of SIR prior to Examiner action   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1805  | 1,840*   | 1805  | 1,840*   | Requesting publication of SIR after Examiner action  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1251  | 110      | 2251  | 55       | Extension for reply within first month   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1252  | 410      | 2252  | 205      | Extension for reply within second month  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1253  | 930      | 2253  | 465      | Extension for reply within third month   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1254  | 1,450    | 2254  | 725      | Extension for reply within fourth month  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1255  | 1,970    | 2255  | 985      | Extension for reply within fifth month   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1401  | 320      | 2401  | 160      | Notice of Appeal   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1402  | 320      | 2402  | 160      | Filing a brief in support of an appeal   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1403  | 280      | 2403  | 140      | Request for oral hearing   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1451  | 1,510    | 1451  | 1,510    | Petition to institute a public use proceeding  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1452  | 110      | 2452  | 55       | Petition to revive - unavoidable   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1453  | 1,300    | 2453  | 650      | Petition to revive - unintentional   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1501  | 1,300    | 2501  | 650      | Utility issue fee (or reissue)   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1502  | 470      | 2502  | 235      | Design issue fee   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1503  | 630      | 2503  | 315      | Plant issue fee  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1460  | 130      | 1460  | 130      | Petitions to the Commissioner  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1807  | 50       | 1807  | 50       | Processing fee under 37 CFR 1.17(q)  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1806  | 180      | 1806  | 180      | Submission of Information Disclosure Stmt  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 8021  | 40       | 8021  | 40       | Recording each patent assignment per property (times number of properties)   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1809  | 750      | 2809  | 375      | Filing a submission after final rejection (37 CFR 1.129(a))  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1810  | 750      | 2810  | 375      | For each additional invention to be examined (37CFR 1.129(b))  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1801  | 750      | 2801  | 375      | Request for Continued Examination (RCE)  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1802  | 900      | 1802  | 900      | Request for expedited examination of a design application  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Other fee (specify) _____   |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |          |   |          | SUBTOTAL (3) (\$)  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 0.00  |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| FEE CALCULATION   |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>750.00</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td colspan="2" style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">750.00</td> <td colspan="2"></td> </tr> </tbody> </table>   |          |   |          |  |                       | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 750 | 2001  | 375 | Utility filing fee                  | 750.00 | 1002 | 330    | 2002 | 165 | Design filing fee                                       |   | 1003  | 520 | 2003               | 260 | Plant filing fee          |  | 1004 | 750   | 2004 | 375   | Reissue filing fee                                     |  | 1005         | 160  | 2005            | 80       | Provisional filing fee                                 |          | SUBTOTAL (1) |          |      |        | (\$)  |   | 750.00                 |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid              |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1001  | 750      | 2001  | 375      | Utility filing fee   | 750.00                |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1002  | 330      | 2002  | 165      | Design filing fee  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1003  | 520      | 2003  | 260      | Plant filing fee   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1004  | 750      | 2004  | 375      | Reissue filing fee   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1005  | 160      | 2005  | 80       | Provisional filing fee   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| SUBTOTAL (1)  |          |   |          | (\$)   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 750.00  |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>40</td> <td>-20** =</td> <td>20</td> <td>x</td> <td>18.00</td> <td>=</td> <td>360.00</td> <td></td> </tr> <tr> <td>4</td> <td>-3** =</td> <td>1</td> <td>x</td> <td>84.00</td> <td>=</td> <td>84.00</td> <td></td> </tr> <tr> <td colspan="4">Multiple Dependent</td> <td></td> <td>=</td> <td></td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td colspan="2" style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">444.00</td> <td colspan="2"></td> </tr> </tbody> </table> |          |   |          |  |                       | Total Claims |  | Extra Claims |  | Fee from below  |          | Fee Paid |          | 40       | -20** =  | 20   | x   | 18.00 | =   | 360.00                              |        | 4    | -3** = | 1    | x   | 84.00   | = | 84.00 |     | Multiple Dependent |     |                           |  |      | =     |      |       | Large Entity   |  | Small Entity |      | Fee Description | Fee Paid | Fee Code   | Fee (\$) | Fee Code     | Fee (\$) | 1202 | 18     | 2202  | 9 | Claims in excess of 20 |     | 1201 | 84 | 2201                                   | 42 | Independent claims in excess of 3 |     | 1203 | 280 | 2203                                    | 140 | Multiple dependent claim, if not paid |     | 1204 | 84  | 2204                                   | 42 | ** Reissue independent claims over original patent |       | 1205 | 18  | 2205                                    | 9 | ** Reissue claims in excess of 20 and over original patent |       | SUBTOTAL (2) |     |  |  | (\$) |     | 444.00 |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Total Claims  |          | Extra Claims  |          | Fee from below   |                       | Fee Paid     |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 40  | -20** =  | 20  | x        | 18.00  | =                     | 360.00       |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 4   | -3** =   | 1   | x        | 84.00  | =                     | 84.00        |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Multiple Dependent  |          |   |          |  | =                     |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid              |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1202  | 18       | 2202  | 9        | Claims in excess of 20   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1201  | 84       | 2201  | 42       | Independent claims in excess of 3  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1203  | 280      | 2203  | 140      | Multiple dependent claim, if not paid  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1204  | 84       | 2204  | 42       | ** Reissue independent claims over original patent   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 1205  | 18       | 2205  | 9        | ** Reissue claims in excess of 20 and over original patent   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| SUBTOTAL (2)  |          |   |          | (\$)   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| 444.00  |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| SUBMITTED BY  |          |   |          |  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Name (Print/Type)   |          | Michael H. Teschner   |          | (Complete if applicable)   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Registration No. (Attorney/Agent)   |          | 32,862  |          | Telephone (908) 518-6313   |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |
| Signature   |          |  |          | Date September 17, 2003  |                       |              |  |              |  |                 |          |          |          |          |          |      |     |       |     |                                     |        |      |        |      |     |   |   |       |     |                    |     |                           |  |      |       |      |       |  |  |              |      |                 |          |  |          |              |          |      |        |   |   |                        |     |      |    |  |    |                                   |     |      |     |   |     |                                       |     |      |     |  |    |  |       |      |     |   |   |  |       |              |     |  |  |      |     |        |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |                   |  |      |  |  |  |  |  |